

“NEWBORN SAFETY ACT” NEWBORN CHILDREN - SAFETY – HOSPITAL MODEL

POLICY

<<Hospital>> (replace with your institution’s name), in conjunction with the State of Washington, recognizes that prenatal and post-delivery health care for newborns and their mothers is especially critical to their survival and well being. Therefore, Hospital, as an “appropriate location” under Washington law regarding receiving and providing care for newborns less than 72 hours old (*based on caretaker report of age or reasonable appearance of that age (See References below)*), will offer confidential, protective shelter and, if necessary, medical care to the newborn and offer and encourage the mother to seek medical assessment and treatment. The parent who transfers the newborn (*less than 72 hours old and not appearing to have been intentionally harmed—see below*) to a qualified person at <<Hospital>> is not subject to criminal liability. The qualified person who receives the newborn shall attempt to protect the anonymity of the parent who transfers the newborn, while providing the parent an opportunity to render family medical history of parents and newborn. The qualified person shall provide referral information about adoption options, counseling, medical and emotional aftercare services, domestic violence, and legal rights to the parent seeking to transfer the newborn. <<Hospital>> and its employees, volunteers, and medical staff are immune from any criminal or civil liability for accepting or receiving a newborn under these conditions. (*See References below*)

Emergency Department (ED) assumes responsibility for the initial medical examination. ED staff will ensure that a report is made to Child Protective Services (CPS) as soon as possible and no later than 24 hours after receipt of the newborn.

Nothing in this policy is to be construed as inconsistent with <<Hospital’s>> overall policy to provide needed care for an infant, child, or other patient, of any age. <<Hospital’s>> primary concern is the safety of any infant, child or other patient. Staff will be encouraged to “accept the child; support the parent.”

PURPOSE

To ensure the safety of newborn children left by a parent with a “qualified person” at <<Hospital>>, pursuant to the Newborn Safety Act (*the Act*), RCW 13.34.360. Policy and procedures will provide a guide for <<Hospital>> personnel (*employees, volunteers and medical staff*) in addressing the needs of newborns and parents when they present at <<Hospital>>.

REFERENCES

- A. RCW 9A.42.060, 9A.42.070, 9A.42.080, 13.34, 26.20.030, and 26.20.035
(A parent of a newborn who transfers the newborn to a qualified person at an appropriate location is not subject to criminal liability for abandonment or similar crimes).
- B. Related <<Hospital>> Policies:
1. Reporting to Child Protective Services
 2. Confidentiality and Privacy
 3. Media Relations
 4. Safety/Security
 5. Consent for Care

DEFINITIONS

Appropriate Location:

- The emergency department of a hospital licensed by the state of Washington, including Hospital; or
- A fire station during its hours of operation and while fire personnel are present.

Newborn:

A live human being less than seventy-two hours old. Washington law provides immunity for health care providers who accept newborns under the procedures set forth in this policy. Hospital personnel accept the newborn that the parent asserts is under 72 hours old, and/or that reasonably appears to be that age.

Qualified Person at <<Hospital>>:

Any person that the parent transferring the newborn reasonably believes is a bona fide employee, volunteer, or medical staff member of the hospital and who represents to the parent that he or she can and will summon appropriate resources to meet the newborn's immediate needs.

PROCEDURE

1. If a parent wishing to leave a newborn at <<Hospital>> approaches any <<Hospital>> personnel, this staff person will immediately bring the newborn, with the parent if possible, to the Emergency Department or will contact the ED to request that an ED Registered Nurse (RN) come to the location of the caller. **Assure the parent that their anonymity will be protected and that the goal of intervention is to ensure that the parent and newborn are medically stable**
2. Infant accepted by ED Staff RN.

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3. Band newborn with standard hospital ID band. Give matching band to parent. Information on band will include Hospital name, date of transfer and name “Babyboy Doe” or “Babygirl Doe.”
4. Call Special Care Nursery/Neonatal RN/NICU RN if indicated, for age assessment (*chronological and gestational*), assistance in assigning triage category, and other assistance.
5. Assign appropriate triage category for medical care, depending on infant and mother’s needs (*if mother is the parent leaving the infant*).
6. No matter what triage category is assigned, interview the parent immediately to obtain as much birth/pregnancy/medical history as possible, and to provide him/her with the parent information packet, in case the parent leaves the facility before the infant is medically examined. If the parent is not in the ED and is preparing to leave the hospital, other clinical staff who are with the parent should attempt to interview the parent for medical history and, at a minimum, try to provide the parent with a packet of materials. Do not coerce the parent to stay against his/her will, but use therapeutic attempts to reassure them and, if possible, obtain medical history information.
7. Contact the Charge Nurse/Manager/Administrative Supervisor or other designated administrators per Hospital’s standard protocol.
8. Attempt to obtain medical history from parent, and complete FORM A. (*Note that Form A is written in lay language to assist Hospital personnel in scripting the questions; this may help expedite obtaining a complete history*) If the parent is unwilling to provide a complete history by interview, encourage the parent to complete and return the history (*See Appendix C*) in the Parent Information Packet.
9. Offer or recommend treatment to mother as indicated (*See below*).
10. Offer resource information to parent. (*See “Parent Information Packet²”*)
11. Inform Emergency Department physician who provides assessment of newborn and mother (*if mother is the parent leaving the infant*), consistent with assigned triage category.
12. Inform Emergency Room Intervention Team (*Social Worker*) of newborn and parent. This person contacts the Administrator on Duty, communications director, and security, as applicable according to Hospital’s protocols.

² The Parent Information Packet also may be provided to any person who requests it, regardless whether they are attempting to transfer a newborn at that time.

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13. ED physician records primary assessment of newborn and mother (*if mother is the parent leaving the infant*)
14. ED RN transfers newborn to Newborn Nursery or Special Care Nursery/NICU, if indicated (*See below*), for observation/treatment or to await Child Protective Services (CPS). If the hospital has no delivery/newborn services, the infant should be placed in an area that permits continuous observation by hospital staff.
15. Emergency Room Intervention Team (*Social Worker*) contacts CPS as soon as possible, but no later than 24 hours after newborn transfer occurs.
16. All clinicians need to document in the medical record.

RESPONSIBILITIES

EMERGENCY DEPARTMENT REGISTERED NURSE

Assesses and initiates intake in medical record. Places ID band on infant and records number in the medical record.

- v Last Name: DOE
- v First Name: BABYBOY or BABYGIRL
 - **NOTE:** *Information Must Be In This Format for State Centralized Long-Term Tracking Purposes (Same Name Format Provided For Birth Certificate).*

EMERGENCY DEPARTMENT PHYSICIAN

Assess and provide/order treatment as needed.

EMERGENCY ROOM INTERVENTION TEAM (SOCIAL WORKER)

Assists parent with interventional and informational resources, contacts Child Protective Services as soon as possible, but no later than 24 hours. Ensures that communication and collaboration among health care team members and other involved agencies and individuals are continuous.

EMERGENCY DEPARTMENT MANAGER/ADMINISTRATIVE SUPERVISOR

Contacts Senior Administrator or Administrator On Duty (AOD).

Anyone calling about the newborn should not be given information except as provided below.

SPECIAL INSTRUCTIONS

Emergency Department personnel will complete Form A as fully as possible, and will ask the parent to complete the parental message to the newborn. If the parent wishes to leave without providing any information, or before providing complete information, any hospital employee or person accepting the newborn from the parent should offer a parent information packet that includes a medical/social history, so that the parent may provide the information at a later time.

Care of the Newborn

If the newborn appears to have been *intentionally* harmed³ or is older than 72 hours, the ED staff notifies security, Child Protective Services (CPS) and the police as soon as possible, but no later than 24 hours. However, staff should not attempt to physically detain the parent. The primary concern is the safety of the newborn.

If the newborn is medically unstable (*birth injury, hypothermia, hypoglycemia, respiratory distress, etc.*), the infant is treated in the emergency department and/or admitted to the neonatal unit until stabilized or transported and until CPS arrives to take custody, or is transported as indicated. Social worker will notify CPS if the newborn is admitted.

If the newborn is stable, s/he can be admitted to the neonatal unit until CPS arrives to take custody, or held in the emergency department (*if CPS will arrive within a suitable time frame*).

Copies of the Parent Information Form A and the parental message should be placed in the medical record. Originals should go with the infant to CPS.

Care of the Parent

If the parent leaving the newborn is/appears to be the newborn's mother, offer/encourage a medical screening examination and any indicated treatment to ensure that she is stable following the birth. The mother's anonymity will be protected during this examination and treatment (*i.e., entered in system as a "Jane Doe" patient*).

Emergency Room Intervention Team (*Social Worker*) will also offer services to the parent (*father or mother*).

³ Apparent harm to newborns may be a result of the birth process. If unclear, the ED physician, pediatrician or neonatologist, or neonatal RN should assess the type of harm.

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The parent will always be encouraged to take the Parent Information Packet before leaving. Encourage the parent to complete and return the packet, including any medical/social history information that was not obtained during the interview.

Follow Up

Detailed information about the infant's medical condition and status may be disclosed only to a caller who provides the correct ID band number. Such calls should be directed to a licensed health care provider at RN level or above. Otherwise, only general information may be disclosed as provided under RCW Chapter 70.02.

If a person returns completed Parent Information forms to Hospital, the forms should be mailed to:

**“Newborn Safety”
Adoptions Program Manager
Children’s Administration Headquarters
Department of Social and Health Services
Post Office Box 45710
Olympia, WA 98504-5710**

Copies of the completed forms should be placed in the medical record.

PARENT INFORMATION FORM A

A parent of a newborn, who transfers the newborn to a “qualified person” at an “appropriate location” pursuant to RCW 13.34, is not required to provide ANY identifying information in order to transfer the newborn. The intent of this form is to provide an opportunity for the parent to anonymously provide information about the newborn and his/her family medical history.

Parent unwilling to provide information: check here ☐

TRANSFER INFORMATION				
Date Newborn Transferred:		Hospital:		ID Band Number:
DELIVERY INFORMATION				
Date and time of birth	Date:		Time:	
Place of birth	<input type="checkbox"/> Hospital	<input type="checkbox"/> Home	<input type="checkbox"/> Other:	
Delivered by <i>(If not hospital delivery)</i>	<input type="checkbox"/> Midwife	<input type="checkbox"/> Mother	<input type="checkbox"/> Father/family/friend	
Position at birth	<input type="checkbox"/> Head first	<input type="checkbox"/> Bottom first	<input type="checkbox"/> Other:	
Cried at birth	<input type="checkbox"/> Right away	<input type="checkbox"/> Delayed, but soon	<input type="checkbox"/> Other:	
Baby moving arms/legs at birth?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Baby's coloring at birth	<input type="checkbox"/> Pink around mouth and pink hands and feet	<input type="checkbox"/> Pink around mouth, bluish hands and feet	<input type="checkbox"/> Bluish around mouth	<input type="checkbox"/> Other:
Placenta (afterbirth) delivered within 10-15 minutes after baby?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
LABOR INFORMATION				
Date/time mother's water broke	Date:		Time:	
What color was the fluid?	<input type="checkbox"/> Clear <input type="checkbox"/> Greenish or brownish		<input type="checkbox"/> Other	
Any odor to the fluid?	<input type="checkbox"/> Yes (<i>describe</i>)		<input type="checkbox"/> No	
Date/time contractions (labor pains) started	Date:		Time:	
PREGNANCY INFORMATION				
How far along was the pregnancy?	In Months			
Mother's age	<input type="checkbox"/> Under 17 years old		<input type="checkbox"/> 17 - 35 years old	<input type="checkbox"/> Over 35 years old
Prenatal care?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Other pregnancies?	# of pregnancies: _____ Born alive: _____ Premature births (more than 3 weeks early): _____		Low birth weight (under 5½ lbs): _____ Stillborn: _____ Miscarried/abortions: _____	
Complications of this pregnancy? <i>(Bleeding before labor, high blood pressure, high weight gain, infections, morning sickness more than 3 months, etc.)</i>	Describe:			
Complications of past pregnancies?	Describe:			

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<p>Substance use during pregnancy</p>	<input type="checkbox"/> Alcohol _____ Drinks/day for _____ Months of pregnancy	<input type="checkbox"/> Tobacco _____ Packs/day for _____ Months of pregnancy	<input type="checkbox"/> Prescription drugs Names: _____	<input type="checkbox"/> Other drugs (street drugs) Names: _____
	<p>PARENTS' MEDICAL HISTORY INFORMATION</p>			
<p>Personal or family history of</p> <ul style="list-style-type: none"> • Diabetes • High blood pressure • Heart disease • Lung disease (<i>asthma, etc.</i>) • Allergies 	<p>Mother:</p> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <p>(List allergies and reactions):</p>	<p>Father:</p> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <p>(List allergies and reactions):</p>	<p>Don't know:</p> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	
<ul style="list-style-type: none"> • Sexually transmitted diseases (<i>HIV, herpes, gonorrhea, etc.</i>) • Depression or other mental illness • Glaucoma or other eye problems • Cancer • Hearing problems • Hemophilia or bleeding problems • Cystic fibrosis • Muscular dystrophy • Huntington's disease • Down syndrome/other mental retardation 	<div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	<div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	<div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	
<p>Personal or family history of birth defect (<i>heart, cleft lip/palate, etc.</i>)</p>	<input type="checkbox"/> Mother (Please describe)	<input type="checkbox"/> Father (Please describe)	<input type="checkbox"/> Don't know (Please describe)	
<p>Ethnic background (<i>this can sometimes provide important health information</i>)</p> <ul style="list-style-type: none"> • African American • European (Ashkenazi) • Jewish • Italy/Greece/Middle East • Latino/Hispanic/Puerto Rican • Native American • Southeast Asia/Taiwan/China/Philippines • Pacific Islander 	<p>Mother:</p> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	<p>Father:</p> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	<p>Don't know:</p> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	
<p>Any other medical or family history information that you think might be important in your baby's future?</p>				

If an Algorithm has been created, it should be inserted on a separate page here.

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Descriptions and Characteristics of Birth Family				
	Mother	Father	Sibling of Newborn	Other – Identify Relationship
Height				
Weight				
Age <i>(at time of newborn's birth)</i>				
Build/Bone Structure				
Complexion color <i>(fair, medium, dark, olive, light brown)</i>				
Hair color				
Hair texture				
Eye color				
Right or Left handed				
Blood type				
Education <i>(to date)</i>				
Glasses worn? If yes, what for what condition?				
Acne? Age at onset? Treatment?				
Distinguishing characteristics <i>(e.g., birthmarks, scars, tattoos)</i>				
Occupation				
Talents / hobbies / skills				
Family Religion				
Addictions <i>(Drug, Alcohol, Tobacco, etc.)</i>				
Deceased <ul style="list-style-type: none"> • Age • Cause of Death 				

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Dear Parent:

Please take this time to write a message to your newborn. We will pass this message on to the child's social worker so that your child may some day read it.

Date Newborn Transferred:	Hospital:	ID Band Number:
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Parent's Message To Newborn:

This history is a thoughtful gift, and will accompany your child.